

Partnerships – A Matter of Values

By JULIE TROCCHIO, MS

A hospital CEO told me this story. It was his first day at a distressed hospital where he had been hired to improve patient outcomes and the hospital's financial picture. There was a knock on his door.

"Hi," said a nicely but casually dressed man. "I'm the principal of our high school, and I've come to give you a tour of the town."

The CEO explained that he didn't have the time just then: There was a budget meeting in a few minutes, then a quality briefing, and he had a potential staffing crisis.

But the principal was adamant, and soon they were on the road in an aging Subaru.

"Over here we have a low-income housing project," said the principal. "I hear they have a five-year waiting list. Later we will go by the park, and you will see where many homeless people live. Housing is really an issue here."

"Oh, there is one of our elementary schools. Almost all the kids get free breakfast and lunch, and they had the lowest test scores in the state. But two years ago a new principal came, and she has really energized teachers, parents and some local businesses around the goal of every child reading by third grade. I think they will do it."

"That is one of the nine churches in our town. The pastor is a one-man information and referral system — he knows everyone in town and has something going on in the church every day: youth activities, classes for seniors, and parent groups."

"Here is my school, and you see the smokers

over there. I am sorry to say that tobacco use and other drugs is a real problem, but our PTA is on the case. Oh, and I wish our graduation rate was better.

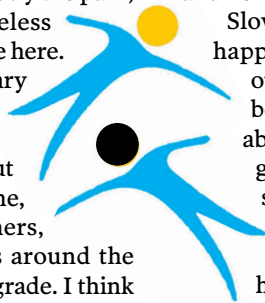
"You can see we have plenty of places for fast food and several convenience stores. Fresh fruits and vegetables are hard to find, but one of our science teachers is trying to work with local growers to get a farmers' market in the school one day a week."

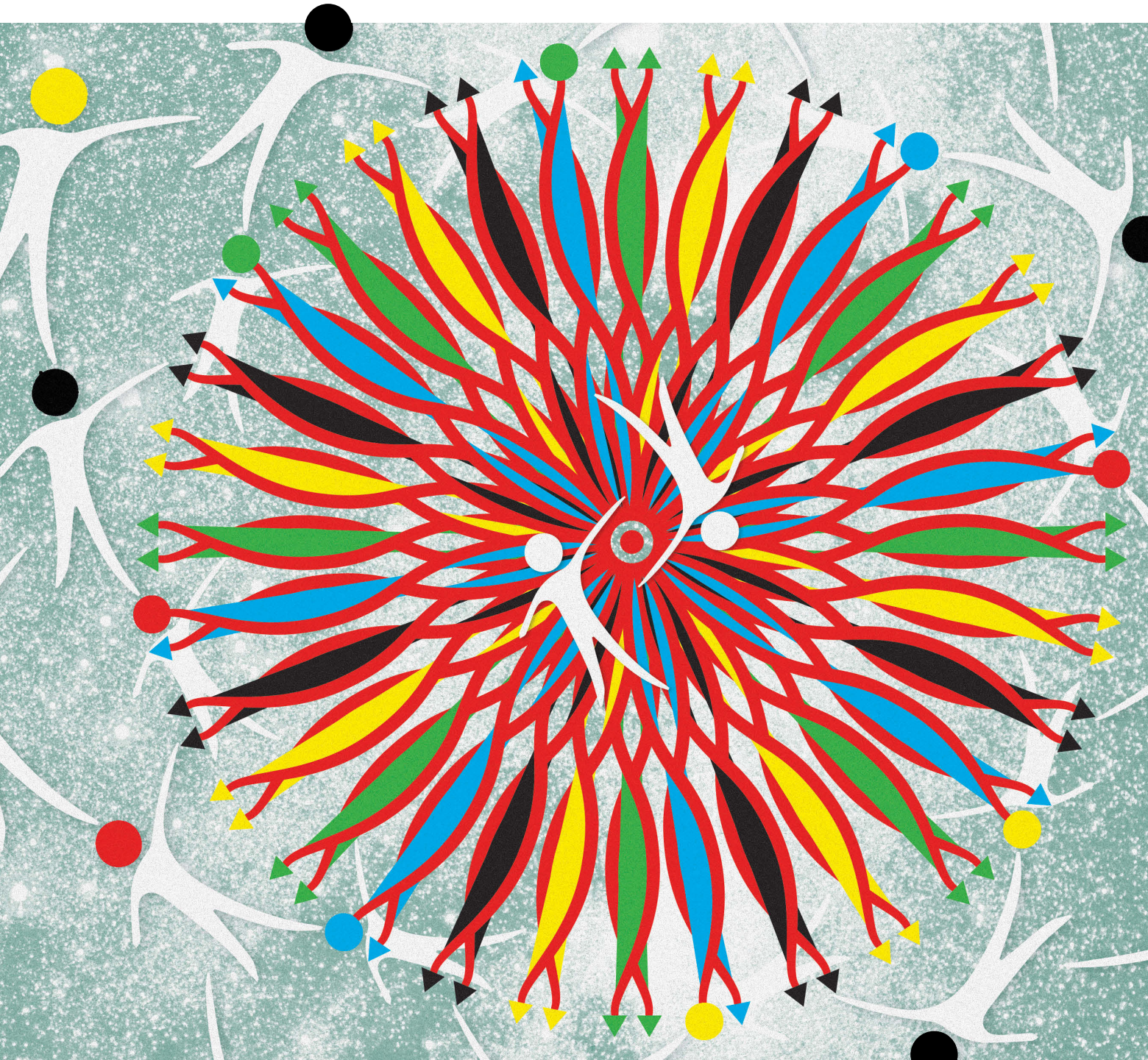
The tour went on: problems and needs, assets and heroes.

Slowly the CEO began to realize that what happened inside his building, his patients' outcomes and even his bottom line would be impacted by what he had seen. He probably could not reduce overuse of the emergency room, lengths of stay or readmissions if his hospital's patients came from and returned to unhealthy conditions.

Problems and needs, assets and heroes: the stuff of partnerships in a community.

The CEO decided he had better get to know the principal who was working with families and businesses, the pastor who knew everyone in town and the teacher concerned about the lack of healthy food. He wished he could spend some time with the smokers on the corner and show them what treatment looks like for lung and other





Mark Pernice

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cancers caused by smoking.

Partnerships are what health care is about these days. We know that the health of people in our communities is influenced by much more than the health care they receive. It is affected by behavior, the environment, the local economy and social structures. Where patients live, work, learn, play and pray matters. If health care is to move successfully from volume to patient and population outcomes, partnerships will be the key.

Although partnering is a strategy for lower costs and better health, it also represents an opportunity to demonstrate our commitment to Catholic health care's foundational values of respect, the common good, concern for vulnerable people and stewardship of resources.

Respect: By partnering with other community members, we humbly admit that there is just so much we can do on our own, that we need the expertise of others to make a difference and we respect what they have to offer.

Partnering with community organizations and agencies shows respect for the experience and gifts they bring to the table. Faith-based organizations, health departments, schools, civic groups and others often have the trust of community members and are seen as credible sources of information, important when launching and implementing community health improvement activities. These groups also have a sense of the community over time; they know its history, trends and community members' priorities.

Common Good: The Affordable Care Act requires tax-exempt hospitals to identify and act on health care needs in their communities. Responding to community needs also is a mission imperative as we follow in the footprints of those who established our ministries because of community needs.

Assessments of community health needs among Catholic Health Association members

uncovered such significant and complex issues as obesity, asthma, mental health and substance abuse, heart disease and cancer. These conditions have their roots in the community and will require collective community activity to make an impact. With community partners, we can form coalitions, develop multipronged strategies and work together for real community health improvement.

Concern for Vulnerable People: Called by our social justice tradition and ethical directives, Catholic health care pays special attention to the needs of low-income and other vulnerable people, and works for health equity.

The health problems of vulnerable persons often can be traced to early childhood experiences, inadequate housing and education, and lack of healthy food. These are factors beyond the domain of most health care providers, but health care organizations can work with community organizations and agencies to have an impact on these determinants of health. Together, we have the potential to prevent some health problems, to promote health and to achieve better outcomes for the populations we serve.

Stewardship of Resources: Partners can reduce the cost of community health improvement efforts by sharing the responsibility for financing and staffing health initiatives and by building on existing community efforts. Community partnerships can coordinate the efforts of multiple players concerned with the same issue to avoid duplication of effort.

Addressing health-related issues through partnerships also can help health care organizations' bottom line. For example, we know that patients who are inadequately nourished have longer lengths of stay, more complications and are more likely to be readmitted. Asthmatic children and many others will come to our emergency rooms repeatedly if they are discharged to unsafe and unhealthy homes. Working with community partners, we can help address nutrition and housing issues to keep our patients well.

Yes, partnerships, as you will see in this issue of *Health Progress*, have come a long way and are making a difference. They also show that we are who we profess to be: a ministry committed to the health of our communities.

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